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Janet Napolitano

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A Letter from the Executive Director

Barry A. Cassidy, Ph.D., PA-C



As the New Year begins, I look forward to many anticipated changes. The Arizona Medical Board made significant progress over the last few years to streamline internal systems and to provide greater due process to physicians during the investigative process. I am pleased to announce that further changes will ensue.

First of all, I would like to formally welcome Ingrid E. Haas, M.D. and Douglas D. Lee, M.D. as the Board's newest members. Governor Napolitano recently appointed these two physicians to fill vacancies left by William Wong, M.D. and Jay Crutchfield, M.D. I am confident that both Dr. Haas and Dr. Lee will make exceptional additions to the Arizona Medical Board.

Next, I have announced that Ms. Barbara Kane, a seasoned veteran with over 20 years of medical malpractice

investigative experience, has been promoted to Assistant Director/Investigations and Quality Assurance. Ms. Kane began her career with the Board in 2000 and since her arrival, she has proven herself as a capable investigator and forward-thinking individual. This year, Ms. Kane was the driving force behind the creation of the Board's first ever Quality Assurance Division. As the head of this Division, Ms. Kane used innovative techniques to simplify the end stages of the investigative process and clarify investigative findings for the Board and physicians appearing before the Board at a formal interview. In her new position as Assistant Director, Ms. Kane will continue to improve all investigative processes and ensure a fair analysis for all physicians facing a complaint with the Board.

This year will also bring more technological ad-

vances. After launching a successful on-line complaint filing and tracking system last month, Board staff are now completing the end stages of an on-line license application and renewal service. With this new service, physicians can avoid the hassle of paperwork by completing all necessary licensing and renewal requirements on-line, including on-line payment.

Finally, I would like to thank those physicians who have reached out and actively participated in the Board's activities over the last year. Ranging from active voices in the legislative process to those physicians asking to serve as Board medical consultants, physicians across the state have made a difference. I look forward to working with you again in the next year.

Guidelines for Opioid Prescribing

Physicians are routinely confronted with the dilemmas surrounding opiate prescribing. Differentiating between "drug seekers" and those who legitimately need opiates for the treatment of pain can be difficult. The Arizona Medical Board recently updated its Substantive Policy Statement on the Use of Controlled Substances for the Treatment of Chronic Pain.

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BOARD MEETING DATES

February 11-13, 2004

April 14-16, 2004

June 9-10, 2004

August 11-12, 2004

Medical Board Gathers Service of Over 600 Physician Consultants

Virtually every regulatory board that governs a professional group faces the dilemma of finding peers to review cases and provide an opinion about the community standards for the profession. For years, the Arizona Medical Board, like other regulatory boards, relied heavily on a thin list of consultants who could provide expert quality of care opinions. However, recently, the Board took a different turn. “We found out that all we had to do was ask,” said Arizona Medical Board Executive Director Barry A. Cassidy, Ph.D., P.A.-C, “and over 600 physicians responded.”

Representing a full spectrum of medical specialties, physicians from almost every county in the State agreed to offer their services. “Physicians in Arizona recognize the importance and significance of the Board’s role as regulators of the profession,” said Cassidy. “Members of the medical community are making a significant commitment to setting standards for good health care in Arizona,” he said.

“What may be more important,” said Cassidy, “is that every physician deserves a fair investigation when a complaint is filed. That includes a review by a true peer in the community.”

The Arizona Medical Board meets every other month, for two to three days straight, to hear cases that come before them, with short half hour teleconferences in the off months. “The Board relies on sound medical consultant opinions when adjudicating a case,” said Cassidy. “They need reliable and consistent opinions that they can trust,” he said.

Cassidy added that while each Board member brings his or her own experience to the table, they are not expected to be the experts on every medical specialty. The Arizona Medical Board is comprised of eight physicians and four public members, including a registered nurse.

Physicians with no prior history with the Board were initially contacted to serve as medical consultants. The Board can offer a marginal flat fee for this service, “but it in no way measures up to the salary these physicians would earn in their practices,” said Cassidy.

IME Physicians: How the Law Does...And Doesn't...Protect You

In 1999, a law was introduced that protected physicians who provided independent medical examinations (IMEs) from complaints to the Arizona Medical Board (A.R.S. §32-1451(S)). The law stated that a physician is not subject to a complaint for unprofessional conduct unless the court or the Industrial Commission referred a complaint to the Board. In 2001, the Industrial Commission successfully passed legislation that removed itself from the statute, citing inability to determine if a physician committed unprofessional conduct as the reason for the statutory change.

The statute now states:

A physician who submits an independent medical examination pursuant to an order by a court is not subject to a complaint for unprofessional conduct unless a complaint is made or referred by a court. For purposes of this subsection, “independent medical examination” means a professional analysis of medical

status based on a person’s past and present physical and psychiatric history and conducted by a licensee or group of licensees on a contract basis for a court.

Therefore, IME physicians are no longer protected from patient complaints filed with the Board.

The Board investigates complaints filed against physicians who perform IMEs and will take action against a physician who commits unprofessional conduct while performing an IME. Additionally, the Board investigates complaints received from all courts; state or federal, criminal or civil.

In the 2001-2002 *Medical Directory and Resource Handbook*, the 1999 legislative language was inadvertently not replaced. However, the language in this year’s *Medical Directory* and the language on the Board’s website accurately reflects the changes made.

Where to Turn For Legal Advice

Physicians who are new to the State or considering a change in a long-established medical practice often have questions about what the law permits them to do. Staff at the Arizona Medical Board cannot provide legal advice. However, the entities listed below provide a variety of legal services, including legal advice and referrals to legal advisors skilled in medical/legal issues.

**Arizona Medical Association
(ArMA)**
(602) 246-8901
ArMA Members Only

**Maricopa County Bar
Association**
Lawyer Referral Service
(602) 257-4434

**Maricopa County Medical
Society (MCMS)**
(602) 252-2015
MCMS Members Only

**Mutual Insurance Company of
Arizona (MICA)**
Risk Management Hotline
(602) 808-2137
MICA Insured Physicians Only

Pima County Medical Society
Contact: Steve Nash
(520) 795-7985

Guidelines for Opioid Prescribing

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Additionally, several useful resources are available on the Board's website. Some general guidelines to opioid prescribing are as follows:

Pain Assessment: Take a patient's medical history, corroborate the history provided by the patient, perform a psychosocial assessment, conduct a physical examination, and obtain a urine drug screen.

Treatment Plan: Develop a treatment plan. Objectives by which therapeutic success can be evaluated include: pain relief, improved physical functioning, diagnostic evaluations, and analysis of inclusion and exclusion criteria for opioid management.

Informed Consent: Inform the patient of risks and benefits of controlled substances, the importance of regular office visits and the impact of recreational drug use. Enter into a pain treatment contract that specifically states the consequence of non-compliance.

Ongoing Assessment: Continued assessment is critical to determine the need for continued therapy, or modification and/or discontinuation of therapy.

Consultation: Refer the patient as often as necessary for additional evaluation to achieve treatment objectives.

Documentation: Maintain adequate records, specifically as it relates to opioid therapy.

Count and Destroy Medication: Never touch a patient's controlled substances. Let the patient display and count the medication in front of you and destroy the medication by flushing it down the toilet in your presence.

Post-Dated Prescriptions: Do not issue post-dated prescriptions. They are illegal in Arizona.

Patient Referral: Patients discovered to have an active substance abuse problem should be referred to either a detoxification and rehabilitation program or to an appropriate maintenance program for adults.

AMB Fast Facts

☑ In addition to the statutes located in the Medical Practice Act, physicians must comply with general statutes, affecting all health professionals, located in Title 32, Chapter 32. These statutes include requirements for reporting criminal charges and using experimental diagnosis, therapy or treatment on a patient who is unable to make or communicate health care decisions and who has an emergent life threatening condition. The statutes included in Title 32, Chapter 32 can be found on the Board's website at www.azmdboard.org.

☑ Beginning this February, the Board will be making available on its website, **home addresses and phone numbers of physicians** who have not provided an alternative office or mailing address to the Board. A.R.S. §32-3801 states that, "Notwithstanding any law to the contrary, a professional's residential address and residential telephone number or numbers maintained by the professional board...are not available to the public unless they are the only address and numbers of record. The addresses and phone numbers posted on the Board's website will also be printed in the Board's annual *Medical Directory and Resource Handbook*."

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Two Physicians Appointed to Arizona Medical Board

Governor Janet Napolitano recently appointed two physicians to serve on the Arizona Medical Board. **Ingrid E. Haas, M.D.**, is an obstetrician/gynecologist practicing in Scottsdale, Arizona, and **Douglas D. Lee, M.D.** is an anesthesiologist in Flagstaff, Arizona. Dr. Haas and Dr. Lee replace two vacancies left by William Wong, M.D., a Phoenix radiologist, and Jay M. Crutchfield, M.D., a Payson general surgeon.

Dr. Haas graduated from the University of Oregon Health Sciences Center, completed a residency in OB/GYN from Baystate Medical Center, and is Board certified in OB/GYN from the American College of Obstetricians and Gynecologists. She also holds a specialty certification for Advanced GYN Surgery/Pelviscopy. Dr. Haas was listed in the Arizona Who's Who 1984, the Who's Who for Business and Professional Women, Best Doctors in America 2003-2004, and was listed as one of the "Top Docs in Phoenix" for three years. She is a member of the Planned Parenthood Medical Review Committee and has served as a Scottsdale Memorial Health Foundation Board member since 1995. In addition to speaking and presenting at various healthcare groups, Dr. Haas holds numerous memberships, such as the American Association of

Gynecologic Laparoscopists, the American Fertility Society, the Arizona Medical Association, and the Maricopa County Medical Society.

Dr. Lee graduated from the University of Arizona School of Medicine, completed an internship at the National Naval Medical Center in Bethesda, Maryland and a residency at the Naval Regional Medical Center in San Diego, California. From 1980 to 1981, Dr. Lee was a United States Marine General Medical Officer in Okinawa, Japan and he was also a reservist called to serve in the Desert Shield/Desert Storm 1st Marine Division from 1990 to 1991. In addition to his professional experience, Dr. Lee is a member of the Arizona Society of Anesthesiologists and a member of the American Board of Anesthesiologists. He previously served as the Chairman of Anesthesia for the Flagstaff Medical Center (FMC), President of the FMC Medical Staff, and President of the Arizona Society of Anesthesiologists. He currently serves as a Staff Anesthesiologist at FMC and Managing Partner of Forest County Anesthesia, PC. He is also a Board Member of the FMC Ambulatory Surgery Center and a member of the FMC Credentials Committee.